

# Fit To Dance: Report Of The National Inquiry Into Dancers Health And Injury

## Fit to Dance Survey: A Comparison with DanceSport Injuries

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The Fit to Dance survey has been conducted twice previously, in 1993 and 2002, without DanceSport participants. The purpose of this present online survey was to supplement a comparison of DanceSport against the earlier results. The current study had a greater percentage of male respondents than previous studies (43% vs 24% and 26%). The DanceSport participants were older (28% at 40+ yrs vs 3% and 1%) and more likely to have normal (60% vs 57%) to overweight BMI (18% vs 2%). DanceSport participants spent more time in various non-dancing conditioning activities than previous surveys (5.2 ± 3.9 hrs [SD] vs 1.9 ± 2.5 and 2.2 ± 2.7). Muscles and joints were the most common type of injury in all the surveys. The knee was the top injury site in this survey, with lower back in previous surveys. The main perceived cause of injury was repetitive movements, whereas fatigue and overwork were cited in the previous surveys. Physiotherapists were the most common type of medical professionals from whom the dancers sought treatment for their injuries in all surveys. The first survey included recommendations that the present survey results agree with, including dancers should be physically fit, dancers should warm up and cool down, dancers should never have to work in unsuitable environments, and dancers should receive immediate high-quality treatment for injuries. *Mod Probl Perform Art* 2014; 29(2):102-110.

DanceSport, the competitive form of ballroom dancing, is a popular social dance genre with local, regional, national, and world championship competitions. The most common competition styles in dancesport are international Latin (IL), which includes the cha cha, samba, rumba, paso doble, and jive, and international modern (IM) incorporating the waltz, tango, Viennese waltz, slow foxtrot, and quickstep. Ten dances in a competition style where all five IM and IL dances scores are combined determining the Ten dance champion.<sup>1,2</sup> Additionally, each country has their own dancesport association with local competition rules, classifications, and dance styles.<sup>1,6</sup>

Even with the popularity of dancesport, there is not as much published research on it as compared to ballet and contemporary.<sup>7,8</sup> Exercise physiology research shows that IM and IL are a nonendurance activity within the very heavy to extremely heavy category in energy expenditure.<sup>9-11</sup> Zagore et al.<sup>14</sup> established that the most strenuous dances are Viennese waltz and quickstep in IM and paso doble and jive in IL. The duration of competitions (from the opening rounds to the finals during the course of 1 or 2 days of competition) requires the ability to dance for extended periods of time.<sup>10,11</sup> Researchers have advised that if dancers do not have sufficient fitness levels, their competition performance suffers.<sup>16,17</sup>

Only a few dancesport injury studies have been reported in the literature, including two case studies on neck and knee injuries.<sup>18,19</sup> Wanke<sup>12</sup> reported lower spine and foot injury patterns in IL formation dancers, and IM formation dancers had upper spine and shoulder injuries. Nuttall and Thomas<sup>20</sup> found the most common injuries in male dancers were, in order, lower leg/ankle/foot region and low back, with the female dancers' injuries as thoracic spine and lower leg/ankle/foot regions. Other dancesport studies have highlighted possible injury causes as muscular weakness, biomechanics of dance technique, shoes, costumes, competition and training schedule, dysfunction in the kinetic chain, or incomplete rehabilitation of a previous injury.<sup>15-17,21</sup>

The function of demographic injury studies are to find statistically relevant information about a population that may represent a typical cross-section of causes and distribution of injuries.<sup>22-24</sup> Previous injury surveys have included the Fit to Dance surveys conducted in 1993<sup>7</sup> and 2002<sup>25</sup> in the United Kingdom; however, dancesport was not represented within these two studies. Demographic and anthropometric information was obtained from professional and student dancers in ballet, contemporary, jazz, South Asian, tap, Afro-Caribbean, and musical theatre. The purpose of the first survey<sup>7</sup> was to provide a snapshot of the dance profession from the dancers' perspective, focusing on injury and working conditions. Laws<sup>25</sup> conducted the survey again, 10 years later, to update the previous demographic and anthropometric information and to add more data to assist in understanding the relationship between injury, health, fitness, and performance in dancers. The aims of the present study were initially to provide relevant demographic information on dancesport competitors, their injury sites, and incidence, and secondly

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